

Attorney's Docket No. BIS-043/CIP

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled "METHOD FOR PR-39 REGULATED STIMULATION OF ANGIOGENESIS", the specification of which:

XXXX is attached hereto; or  
\_\_\_\_\_ was filed on \_\_\_\_\_ as United States  
Application Serial No. \_\_\_\_\_; or  
\_\_\_\_\_ was filed on \_\_\_\_\_ as PCT International  
Application No. \_\_\_\_\_ and was amended on \_\_\_\_\_.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 35 U.S.C. 1.56.

\*\*\*\*\*

\_\_\_\_\_ I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)

Priority claimed

.....NONE.....  
(Number) (Country) (Day/month/year/filed) Yes No

\*\*\*\*\*

\_\_\_\_\_ I hereby claim the benefit under 35 U.S.C. 119(e) of any United States Provisional Patent Application(s) listed below.

.....NONE.....

665207-103460

\*\*\*\*\*

XXXX I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application(s) in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. 156 which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

U.S. Patent Application Serial No. 09/276,868 filed March 26, 1999, now pending.

\*\*\*\*\*

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney to prosecute this application and transact all business in the Patent and Trademark Office connected therewith; and, in addition, to act as Agent on my behalf before the competent International Authorities and before the National Authorities for any designated countries in connection with any and all international applications filed or to be filed by the undersigned.

David Prashker  
Registration Number 29,693

\*\*\*\*\*

SEND CORRESPONDENCE TO:

David Prashker, P.C.  
P.O. Box 5387  
Magnolia, Massachusetts  
01930

\* DIRECT TELEPHONE CALLS TO:

\* David Prashker, Esq.  
\* (978) 525-3794  
\*  
\*

\*\*\*\*\*

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

663207-703240

\*\*\*\*\*

Full name of first inventor: Michael Simons

Inventor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Residence: Chestnut Hill, Massachusetts      Citizenship: U.S.

Post Office Address: 115 Grove Street  
Chestnut Hill, Massachusetts 02167

\*\*\*\*\*

Full name of second inventor: Youche Gao

Inventor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Residence: Brighton, Massachusetts      Citizen of the  
People's Republic  
of China

Post Office Address: 85 Strathmore Road, Apt. 2  
Brighton, Massachusetts 02135

\*\*\*\*\*

65237-73410

Applicant or Patentee: Michael Simons & Youhe Gao Attorney's  
Serial or Patent No.: \_\_\_\_\_ Docket No.: BIS-043/ci  
Filed or Issued: \_\_\_\_\_  
For: "METHOD FOR PR-39 PEPTIDE REGULATED STIMULATION OF ANGIOGENESIS"

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY  
STATUS (37 CFR 1.9 (f) and 1.27 (b)) — INDEPENDENT INVENTOR

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9 (c) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled as above described in \_\_\_\_\_

☒ the specification filed herewith  
☐ application serial no. \_\_\_\_\_, filed \_\_\_\_\_  
☐ patent no. \_\_\_\_\_, issued \_\_\_\_\_

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9 (c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9 (d) or a nonprofit organization under 37 CFR 1.9 (e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

☐ no such person, concern, or organization  
☒ persons, concerns or organizations listed below\*

\*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

FULL NAME Beth Israel Deaconess Medical Center  
ADDRESS 330 Brookline Avenue, Boston, MA 02215  
☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☒ NONPROFIT ORGANIZATION  
FULL NAME \*\*\*\*\*  
ADDRESS \*\*\*\*\*  
☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION  
FULL NAME \*\*\*\*\*  
ADDRESS \*\*\*\*\*  
☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28 (b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

Michael Simons \*\*\*\*\* Youhe Gao  
NAME OF INVENTOR NAME OF INVENTOR NAME OF INVENTOR

\*\*\*\*\*  
Signature of Inventor Signature of Inventor Signature of Inventor

\*\*\*\*\*  
Date Date Date